

10/629,975
Lycock Search
6/28/07

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(FILE 'HOME' ENTERED AT 13:55:41 ON 28 JUN 2007)

FILE 'BIOSIS, CAPLUS, EMBASE, MEDLINE, JAPIO' ENTERED AT 13:56:08 ON 28 JUN 2007

L1 18442 S (ULCERATIVE COLITIS) AND TREATMENT
L2 23 S L1 AND LACTOFERRIN?
L3 17 DUPLICATE REMOVE L2 (6 DUPLICATES REMOVED)
L4 7 S L3 AND PD<2001
L5 551 S L1 AND MONITOR?
L6 225 S L5 AND PD<2001
L7 133 DUPLICATE REMOVE L6 (92 DUPLICATES REMOVED)
L8 72 S (NEUTROPHIL DERIVED PROTEIN)
L9 0 S L8 AND L7
L10 7 S L8 AND IBD?
L11 7 DUPLICATE REMOVE L10 (0 DUPLICATES REMOVED)
L12 0 S L11 AND PD<2001
L13 6 S L8 AND TREATMENT
L14 1 S L8 AND MONITOR?
L15 17 S L8 AND LACTOFERRIN?
L16 8 DUPLICATE REMOVE L15 (9 DUPLICATES REMOVED)
L17 0 S CALPROTEIN AND TREATMENT?
L18 199 S CALPROTECTIN AND TREATMENT
L19 59 S L18 AND COLITIS?
L20 35 DUPLICATE REMOVE L19 (24 DUPLICATES REMOVED)
L21 1 S L20 AND PD<2001
L22 36 S L18 AND IBD
L23 20 DUPLICATE REMOVE L22 (16 DUPLICATES REMOVED)
L24 0 S L23 AND PD<2001
L25 4891 S IBD AND TREATMENT
L26 1413 S L25 AND PD<2001
L27 797 DUPLICATE REMOVE L26 (616 DUPLICATES REMOVED)
L28 26 S L27 AND MONITOR?
L29 2 S L28 AND NEUTROPHIL?
L30 468 S (ANTINEUTROPHIL ANTIBOD?)
L31 2 S L30 AND LACTOFERRIN

=>

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AN 1999322801 EMBASE

TI Faecal parameters in the assessment of activity in inflammatory bowel disease.

AU Van der Sluys Veer A.; Biemond I.; Verspaget H.W.; Lamers C.B.H.W.

CS A. Van der Sluys Veer, Dept of Gastroenterol. and Hepatol., Leiden University Medical Center, Building 1, PO Box 9600, C4-PNL-2300 RC Leiden, Netherlands

SO Scandinavian Journal of Gastroenterology, Supplement, (1999) Vol. 33, No. 230, pp. 106-110. .

Refs: 55

ISSN: 0085-5928 CODEN: SJGSB8

CY Norway

DT Journal; Article

FS 005 General Pathology and Pathological Anatomy
029 Clinical Biochemistry
037 Drug Literature Index
048 Gastroenterology

LA English

SL English

ED Entered STN: 30 Sep 1999
Last Updated on STN: 30 Sep 1999

AB Background: Determination of inflammatory activity is helpful when assessing the efficacy of drugs in therapeutic trials and in facilitating management of individual patients with inflammatory bowel disease (IBD). Faecal parameters have been hypothesized to be more specific than non-faecal measurements in the assessment of intestinal inflammation. Methods: Review of the literature on faecal measurements in IBD. Results and conclusions: Leakage of various proteins and leukocyte products into the intestinal lumen can be assessed and quantified in stool specimens and serve as a measurement of inflammatory activity. Several of these faecal parameters are raised in patients with IBD. There is a considerable overlap between patients with active and those with inactive disease, however, and the correlation of the faecal parameters with disease activity indices is often low. The value of α .apprx.1-antitrypsin measurement in faeces in the assessment of intestinal inflammation has been well established. Further studies in patients with IBD are needed to determine whether other faecal parameters, such as lactoferrin, tumour necrosis factor α , PMN-elastase, lysozyme, leucocyte esterase, immunoglobulin A, among others, are more accurate or cost-effective than measurement of α .apprx.1-antitrypsin in the stools of such patients.

CT Medical Descriptors:

- *feces
- *enteritis: DI, diagnosis
- *enteritis: DT, drug therapy
- *Crohn disease: DI, diagnosis
- *Crohn disease: DT, drug therapy
- *ulcerative colitis: DI, diagnosis
- *ulcerative colitis: DT, drug therapy
- gastrointestinal endoscopy
- intestine biopsy
- imaging
- immunodiffusion
- enzyme immunoassay
- nephelometry
- human
- clinical trial
- article
- priority journal

Drug Descriptors:

- *alpha 1 antitrypsin: EC, endogenous compound
- protein: EC, endogenous compound

lactoferrin: EC, endogenous compound
tumor necrosis factor alpha: EC, endogenous compound
leukocyte elastase: EC, endogenous compound
lysozyme: EC, endogenous compound
esterase: EC, endogenous compound
immunoglobulin a: EC, endogenous compound
barium
methylprednisolone: CB, drug combination
methylprednisolone: DT, drug therapy
salazosulfapyridine: CB, drug combination
salazosulfapyridine: DT, drug therapy
hemoglobin: EC, endogenous compound
indium 111
RN (alpha 1 antitrypsin) 9041-92-3; (protein) 67254-75-5; (lactoferrin) 55599-62-7; (leukocyte elastase) 109968-22-1; (lysozyme) 9001-63-2; (esterase) 9013-79-0; (barium) 7440-39-3; (methylprednisolone) 6923-42-8, 83-43-2; (salazosulfapyridine) 599-79-1; (hemoglobin) 9008-02-0; (indium 111) 15750-15-9

lactoferrin: EC, endogenous compound
tumor necrosis factor alpha: EC, endogenous compound
leukocyte elastase: EC, endogenous compound
lysozyme: EC, endogenous compound
esterase: EC, endogenous compound
immunoglobulin a: EC, endogenous compound
barium
methylprednisolone: CB, drug combination
methylprednisolone: DT, drug therapy
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ANSWER 2 OF 3 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

AN 2000365992 EMBASE

TI Enteric bacteria, lipopolysaccharides and related cytokines in inflammatory bowel disease: Biological and clinical significance.

AU Caradonna L.; Amati L.; Magrone T.; Pellegrino N.M.; Jirillo E.; Caccavo D.

CS Dr. E. Jirillo, Immunologia, Policlinico, Piazza G. Cesare 4, 70124 Bari, Italy. jirillo@midim.uniba.it

SO Journal of Endotoxin Research, (2000) Vol. 6, No. 3, pp. 205-214.

Refs: 126

ISSN: 0968-0519 CODEN: JENREB

CY United Kingdom

DT Journal; General Review

FS 004 Microbiology
026 Immunology, Serology and Transplantation
030 Pharmacology
037 Drug Literature Index
048 Gastroenterology

LA English

SL English

ED Entered STN: 2 Nov 2000
Last Updated on STN: 2 Nov 2000

AB Ulcerative colitis (UC) and Crohn's disease (CD) [inflammatory bowel disease (IBD)] are both characterized by an exaggerated immune response at the gut associated lymphoreticular tissue level. Such an abnormal and dysregulated immune response may be directed against luminal and/or enteric bacterial antigens, as also supported by murine models of inflammatory bowel disease (IBD) caused by organisms such as *Citrobacter rodentium* and *Helicobacter hepaticus*. Bacterial endotoxins or lipopolysaccharides (LPS) have been detected in the plasma of IBD patients and an abnormal microflora and/or an increased permeability of the intestinal mucosa have been invoked as cofactors responsible for endotoxemia. At the same time, the evidence that phagocytosis and killing exerted by polymorphonuclear cells and monocytes and the T-cell dependent antibacterial activity are decreased in IBD patients may also explain the origin of LPS in these diseases. In IBD, pro-inflammatory cytokines and chemokines have been detected in elevated amounts in mucosal tissue and/or in peripheral blood, thus suggesting a monocyte/macrophage stimulation by enteric bacteria and/or their constituents (e.g. LPS). On these grounds, in experimental models and in human IBD, anti-cytokine monoclonal antibodies and interleukin receptor antagonists are under investigation for their capacity to neutralize the noxious effects of immune mediators. Finally, the administration of lactobacilli is beneficial in human IBD and, in murine colitis, this treatment leads to a normalization of intestinal flora, reducing the number of colonic mucosal adherent and translocated bacteria.

CT Medical Descriptors:
*Enterobacteriaceae
*enteritis
ulcerative colitis
Crohn disease
immune response
reticuloendothelial system
immunoregulation
Citrobacter
Helicobacter hepaticus
toxin analysis
intestine mucosa permeability
intestine flora
endotoxemia
phagocytosis

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immunoregulation
Citrobacter
Helicobacter hepaticus
toxin analysis
intestine mucosa permeability
intestine flora
endotoxemia
phagocytosis

polymorphonuclear cell
monocyte
T lymphocyte
antibacterial activity
macrophage
cell stimulation
Lactobacillus
bacterial translocation
bacterium adherence
human
nonhuman
mouse
animal experiment
animal model
controlled study
human cell
animal cell
review

Drug Descriptors:

*bacterium lipopolysaccharide: EC, endogenous compound
*cytokine: EC, endogenous compound
bacterial antigen: EC, endogenous compound
endotoxin: EC, endogenous compound
chemokine: EC, endogenous compound
interleukin receptor: EC, endogenous compound
interleukin 10: EC, endogenous compound
interleukin 12: EC, endogenous compound
gamma interferon: EC, endogenous compound
CD4 antigen: EC, endogenous compound
CD8 antigen: EC, endogenous compound
tumor necrosis factor alpha: EC, endogenous compound
interleukin 8: EC, endogenous compound
monocyte chemotactic protein 1: EC, endogenous compound
granulocyte macrophage colony stimulating factor: EC, endogenous compound
butyric acid: EC, endogenous compound
interleukin 1beta: EC, endogenous compound
immunoglobulin A: EC, endogenous compound
lactoferrin: EC, endogenous compound
glyceraldehyde 3 phosphate: EC, endogenous compound
nitric oxide: EC, endogenous compound
monoclonal antibody: PD, pharmacology
monoclonal antibody ca2: PD, pharmacology
tumor necrosis factor alpha antibody: PD, pharmacology
cytokine antibody: PD, pharmacology
CD45 antigen: EC, endogenous compound
recombinant interleukin 10: PD, pharmacology
placebo
antisense oligonucleotide: PD, pharmacology
immunoglobulin enhancer binding protein: EC, endogenous compound
unclassified drug

RN (interleukin 12) 138415-13-1; (gamma interferon) 82115-62-6; (interleukin 8) 114308-91-7; (butyric acid) 107-92-6, 156-54-7, 461-55-2; (lactoferrin) 55599-62-7; (glyceraldehyde 3 phosphate) 142-10-9; (nitric oxide) 10102-43-9

polymorphonuclear cell
monocyte
T lymphocyte
antibacterial activity
macrophage
cell stimulation
Lactobacillus
bacterial translocation
bacterium adherence
human
nonhuman
mouse
animal experiment
animal model
controlled study
human cell
animal cell
review

Drug Descriptors:

*bacterium lipopolysaccharide: EC, endogenous compound
*cytokine: EC, endogenous compound
bacterial antigen: EC, endogenous compound
endotoxin: EC, endogenous compound
chemokine: EC, endogenous compound
interleukin receptor: EC, endogenous compound
interleukin 10: EC, endogenous compound
interleukin 12: EC, endogenous compound
gamma interferon: EC, endogenous compound
CD4 antigen: EC, endogenous compound
CD8 antigen: EC, endogenous compound
tumor necrosis factor alpha: EC, endogenous compound
interleukin 8: EC, endogenous compound
monocyte chemotactic protein 1: EC, endogenous compound
granulocyte macrophage colony stimulating factor: EC, endogenous compound
butyric acid: EC, endogenous compound
interleukin 1beta: EC, endogenous compound
immunoglobulin A: EC, endogenous compound
lactoferrin: EC, endogenous compound
glyceraldehyde 3 phosphate: EC, endogenous compound
nitric oxide: EC, endogenous compound
monoclonal antibody: PD, pharmacology
monoclonal antibody ca2: PD, pharmacology
tumor necrosis factor alpha antibody: PD, pharmacology
cytokine antibody: PD, pharmacology
CD45 antigen: EC, endogenous compound
recombinant interleukin 10: PD, pharmacology
placebo
antisense oligonucleotide: PD, pharmacology
immunoglobulin enhancer binding protein: EC, endogenous compound
unclassified drug
(interleukin 12) 138415-13-1; (gamma interferon) 82115-62-6; (interleukin 8) 114308-91-7; (butyric acid) 107-92-6, 156-54-7, 461-55-2; (lactoferrin) 55599-62-7; (glyceraldehyde 3 phosphate) 142-10-9; (nitric oxide) 10102-43-9

RN

AN 1997:803924 CAPLUS

DN 128:60253

ED Entered STN: 25 Dec 1997

TI Measurement of fecal lactoferrin for diagnosis on pediatric
gastrointestinal disease

AU Tabata, Kazue; Matsuse, Ryoichi; Uchida, Kazuo; Amemoto, Kanji

CS Kyoto Med. Sci. Lab., Kyoto, 612, Japan

SO Rinsho Byori (1997), 45(12), 1201-1203

CODEN: RBYOAI; ISSN: 0047-1860

PB Rinsho Byori Kankokai

DT Journal

LA Japanese

CC 14-7 (Mammalian Pathological Biochemistry)

AB The fecal proteins in blood and granules related with inflammation have been measured to examine the conditions of inflammation in inflammation in inflammatory bowel disease (IBD). To noninvasively examine the conditions in pediatric patients with various gastrointestinal diseases, we evaluated the usefulness of measuring the concentration of fecal lactoferrin (Lf), which is the specific granule component in neutrophils. Lf was measured by ELISA in patients with infectious enteritis (E), Henoch Schonlein purpura (HSP), and ulcerative colitis (UC), and in control subjects. The fecal Lf levels were significantly higher in patients with E, HSP, and UC than in control subjects. The fecal Lf levels were significantly increased in not only patients with bacterial but also those with viral gastroenteritis. These findings suggest that the measurement of fecal Lf concentration is useful for noninvasive

monitoring of the disease activity in pediatric patients with gastrointestinal disease and the activities of neutrophils elevate in patients with viral infectious enteritis.

ST lactoferrin feces child gastrointestinal disease diagnosis;
inflammatory bowel disease feces lactoferrin child

IT Purpura (disease)
(Henoch-Schoenlein's; usefulness of measurement of fecal lactoferrin in diagnosis of pediatric gastrointestinal disease)

IT Development, mammalian postnatal
(child; usefulness of measurement of fecal lactoferrin in diagnosis of pediatric gastrointestinal disease)

IT Intestine, disease
(enteritis, infectious; usefulness of measurement of fecal lactoferrin in diagnosis of pediatric gastrointestinal disease)

IT Intestine, disease
(inflammatory; usefulness of measurement of fecal lactoferrin in diagnosis of pediatric gastrointestinal disease)

IT Intestine, disease
(ulcerative colitis; usefulness of measurement of fecal lactoferrin in diagnosis of pediatric gastrointestinal disease)

IT Diagnosis
Feces
(usefulness of measurement of fecal lactoferrin in diagnosis of pediatric gastrointestinal disease)

IT Lactoferrins
RL: BOC (Biological occurrence); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); OCCU (Occurrence); USES (Uses)
(usefulness of measurement of fecal lactoferrin in diagnosis of pediatric gastrointestinal disease)

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DN 128:60253

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(inflammatory; usefulness of measurement of fecal lactoferrin in diagnosis of pediatric gastrointestinal disease)

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(ulcerative colitis; usefulness of measurement of fecal lactoferrin in diagnosis of pediatric gastrointestinal disease)

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(usefulness of measurement of fecal lactoferrin in diagnosis of pediatric gastrointestinal disease)

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(usefulness of measurement of fecal lactoferrin in diagnosis of pediatric gastrointestinal disease)

ANSWER 2 OF 2 MEDLINE on STN
AN 94127317 MEDLINE
DN PubMed ID: 8296668
TI Antineutrophil antibodies in inflammatory bowel
disease recognize different antigens.
AU Mulder A H; Broekroelofs J; Horst G; Limburg P C; Nelis G F; Kallenberg C
G
CS Dept. of Clinical Immunology, University Hospital Groningen, The
Netherlands.
SO Advances in experimental medicine and biology, (1993) Vol. 336, pp.
519-22.
Journal code: 0121103. ISSN: 0065-2598.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199403
ED Entered STN: 14 Mar 1994
Last Updated on STN: 3 Feb 1997
Entered Medline: 3 Mar 1994
AB Anti-neutrophil cytoplasmic antibodies (ANCA) were observed in 31 out of
68 sera (45%) from Ulcerative Colitis (UC) patients and in 13 out of 38
Crohn's Disease (CD) sera (34%). The presence of ANCA was not related to
disease activity, nor to the localization of the disease manifestations.
By Western Blotting ANCA showed reactivity with either lactoferrin
, polypeptides occurring as a doublet of 66/67 kD MW, or polypeptides
occurring as a doublet of 63/54 kD MW.
CT Antibodies, Antineutrophil Cytoplasmic
*Antibody Specificity
Autoantibodies: BL, blood
*Autoantibodies: IM, immunology
*Autoantigens: IM, immunology
Blotting, Western
Colitis, Ulcerative: IM, immunology
Crohn Disease: IM, immunology
Humans
Immunoglobulin G: BL, blood
*Immunoglobulin G: IM, immunology
*Inflammatory Bowel Diseases: IM, immunology
Lactoferrin: IM, immunology
CN 0 (Antibodies, Antineutrophil Cytoplasmic); 0 (Autoantibodies); 0
(Autoantigens); 0 (Immunoglobulin G); 0 (Lactoferrin)

=>

ANSWER 2 OF 2 MEDLINE on STN
AN 94127317 MEDLINE
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TI Antineutrophil antibodies in inflammatory bowel
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CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199403
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CT Antibodies, Antineutrophil Cytoplasmic
*Antibody Specificity
Autoantibodies: BL, blood
*Autoantibodies: IM, immunology
*Autoantigens: IM, immunology
Blotting, Western
Colitis, Ulcerative: IM, immunology
Crohn Disease: IM, immunology
Humans
Immunoglobulin G: BL, blood
*Immunoglobulin G: IM, immunology
*Inflammatory Bowel Diseases: IM, immunology
Lactoferrin: IM, immunology
CN 0 (Antibodies, Antineutrophil Cytoplasmic); 0 (Autoantibodies); 0
(Autoantigens); 0 (Immunoglobulin G); 0 (Lactoferrin)

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d his

(FILE 'HOME' ENTERED AT 13:55:41 ON 28 JUN 2007)

FILE 'BIOSIS, CAPLUS, EMBASE, MEDLINE, JAPIO' ENTERED AT 13:56:08 ON 28 JUN 2007

L1 18442 S (ULCERATIVE COLITIS) AND TREATMENT
L2 23 S L1 AND LACTOFERRIN?
L3 17 DUPLICATE REMOVE L2 (6 DUPLICATES REMOVED)
L4 7 S L3 AND PD<2001
L5 551 S L1 AND MONITOR?
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L7 133 DUPLICATE REMOVE L6 (92 DUPLICATES REMOVED)
L8 72 S (NEUTROPHIL DERIVED PROTEIN)
L9 0 S L8 AND L7
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L11 7 DUPLICATE REMOVE L10 (0 DUPLICATES REMOVED)
L12 0 S L11 AND PD<2001
L13 6 S L8 AND TREATMENT
L14 1 S L8 AND MONITOR?
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L16 8 DUPLICATE REMOVE L15 (9 DUPLICATES REMOVED)
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L28 26 S L27 AND MONITOR?
L29 2 S L28 AND NEUTROPHIL?
L30 468 S (ANTINEUTROPHIL ANTIBOD?)
L31 2 S L30 AND LACTOFERRIN

=>

ANSWER 9 OF 11 CAPLUS COPYRIGHT 2005 ACS on STN

AN 1996:662373 CAPLUS

DN 125:346231

ED Entered STN: 09 Nov 1996

TI Linear calibration in quantitative chemical analysis

AU Hoeyer, Boy

CS Kemisk Institut, Aarhus Universitet, Den.

SO Dansk Kemi (1994), 75(5), 26-28

CODEN: DAKEAT; ISSN: 0011-6335

PB Teknisk Forlag

DT Journal; General Review

LA Danish

CC 79-0 (Inorganic Analytical Chemistry)

Section cross-reference(s): 80

AB A review with 5 refs. The theory of linear calibration by least-square method is summarized, and a description is presented of how maximum precision can be obtained of concns. determined by the calibration. The article describes 2 calibration methods: (1) calibration from a std. curve measured from sep. standard solns., and (2) standard addition in which all measurements are conducted in the sample,

and

discusses limitations and some practical aspects of the 2 methods.

ST review linear calibration quant analysis; statistical analysis linear calibration review; least squares calibration analysis review

IT Statistics and Statistical analysis (least-squares, linear calibration in quant. chemical anal.)

IT Calibration (linear, in quant. chemical anal.)

IT Analysis (quant., linear calibration in)

ANSWER 1 OF 3 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN
AN 1999:253375 BIOSIS
DN PREV199900253375
TI Fecal lactoferrin test (FLT) in the diagnosis of diarrhea in children.
AU Cuadros, J. A. [Reprint author]; Gomez-Herruz, P. [Reprint author]; Gonzalez-Palacios, R. [Reprint author]; Romanyk, J. [Reprint author]; Beltran, M. [Reprint author]
CS Hosp. Principe de Asturias, Alcala de Henares, Madrid, Spain
SO Abstracts of the Interscience Conference on Antimicrobial Agents and Chemotherapy, (1998) Vol. 38, pp. 563. print.
Meeting Info.: 38th Interscience Conference on Antimicrobial Agents and Chemotherapy. San Diego, California, USA. September 24-27, 1998. American Society for Microbiology.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
Conference; (Meeting Poster)
LA English
ED Entered STN: 2 Jul 1999
Last Updated on STN: 2 Jul 1999
CC Digestive system - General and methods 14001
Biochemistry studies - General 10060
Pediatrics - 25000
Chemotherapy - General, methods and metabolism 38502
Medical and clinical microbiology - General and methods 36001
General biology - Symposia, transactions and proceedings 00520
IT Major Concepts
Gastroenterology (Human Medicine, Medical Sciences); Pediatrics (Human Medicine, Medical Sciences)
IT Parts, Structures, & Systems of Organisms
leukocytes: blood and lymphatics, immune system
IT Diseases
diarrhea: digestive system disease
Diarrhea (MeSH)
IT Chemicals & Biochemicals
lactoferrin
IT Methods & Equipment
antibiotic treatment: therapeutic method; fecal lactoferrin test: diagnostic method; microscopy: microscopy method
IT Miscellaneous Descriptors
Meeting Abstract; Meeting Poster
ORGN Classifier
Hominidae 86215
Super Taxa
Primates; Mammalia; Vertebrata; Chordata; Animalia
Organism Name
human: child, patient
Taxa Notes
Animals, Chordates, Humans, Mammals, Primates, Vertebrates

ANSWER 1 OF 3 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN
AN 1999:253375 BIOSIS
DN PREV199900253375
TI Fecal lactoferrin test (FLT) in the diagnosis of
diarrhea in children.
AU Cuadros, J. A. [Reprint author]; Gomez-Herruz, P. [Reprint author];
Gonzalez-Palacios, R. [Reprint author]; Romanyk, J. [Reprint author];
Beltran, M. [Reprint author]
CS Hosp. Principe de Asturias, Alcala de Henares, Madrid, Spain
SO Abstracts of the Interscience Conference on Antimicrobial Agents and
Chemotherapy, (1998) Vol. 38, pp. 563. print.
Meeting Info.: 38th Interscience Conference on Antimicrobial Agents and
Chemotherapy. San Diego, California, USA. September 24-27, 1998. American
Society for Microbiology.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
Conference; (Meeting Poster)
LA English
ED Entered STN: 2 Jul 1999
Last Updated on STN: 2 Jul 1999
CC Digestive system - General and methods 14001
Biochemistry studies - General 10060
Pediatrics - 25000
Chemotherapy - General, methods and metabolism 38502
Medical and clinical microbiology - General and methods 36001
General biology - Symposia, transactions and proceedings 00520
IT Major Concepts
 Gastroenterology (Human Medicine, Medical Sciences); Pediatrics (Human
 Medicine, Medical Sciences)
IT Parts, Structures, & Systems of Organisms
 leukocytes: blood and lymphatics, immune system
IT Diseases
 diarrhea: digestive system disease
 Diarrhea (MeSH)
IT Chemicals & Biochemicals
 lactoferrin
IT Methods & Equipment
 antibiotic treatment: therapeutic method; fecal
 lactoferrin test: diagnostic method; microscopy: microscopy
 method
IT Miscellaneous Descriptors
 Meeting Abstract; Meeting Poster
ORGN Classifier
 Hominidae 86215
Super Taxa
 Primates; Mammalia; Vertebrata; Chordata; Animalia
Organism Name
 human: child, patient
Taxa Notes
 Animals, Chordates, Humans, Mammals, Primates, Vertebrates

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AN 1999322801 EMBASE

TI Faecal parameters in the assessment of activity in inflammatory bowel disease.

AU Van der Sluys Veer A.; Biemond I.; Verspaget H.W.; Lamers C.B.H.W.

CS A. Van der Sluys Veer, Dept of Gastroenterol. and Hepatol., Leiden University Medical Center, Building 1, PO Box 9600, C4-PNL-2300 RC Leiden, Netherlands

SO Scandinavian Journal of Gastroenterology, Supplement, (1999) Vol. 33, No. 230, pp. 106-110. .

Refs: 55

ISSN: 0085-5928 CODEN: SJGSB8

CY Norway

DT Journal; Article

FS 005 General Pathology and Pathological Anatomy
029 Clinical Biochemistry
037 Drug Literature Index
048 Gastroenterology

LA English

SL English

ED Entered STN: 30 Sep 1999
Last Updated on STN: 30 Sep 1999

AB Background: Determination of inflammatory activity is helpful when assessing the efficacy of drugs in therapeutic trials and in facilitating management of individual patients with inflammatory bowel disease (IBD). Faecal parameters have been hypothesized to be more specific than non-faecal measurements in the assessment of intestinal inflammation. Methods: Review of the literature on faecal measurements in IBD. Results and conclusions: Leakage of various proteins and leukocyte products into the intestinal lumen can be assessed and quantified in stool specimens and serve as a measurement of inflammatory activity. Several of these faecal parameters are raised in patients with IBD. There is a considerable overlap between patients with active and those with inactive disease, however, and the correlation of the faecal parameters with disease activity indices is often low. The value of α .apprx.1-antitrypsin measurement in faeces in the assessment of intestinal inflammation has been well established. Further studies in patients with IBD are needed to determine whether other faecal parameters, such as lactoferrin, tumour necrosis factor α , PMN-elastase, lysozyme, leucocyte esterase, immunoglobulin A, among others, are more accurate or cost-effective than measurement of α .apprx.1-antitrypsin in the stools of such patients.

CT Medical Descriptors:

*feces
*enteritis: DI, diagnosis
 *enteritis: DT, drug therapy
*Crohn disease: DI, diagnosis
 *Crohn disease: DT, drug therapy
*ulcerative colitis: DI, diagnosis
 *ulcerative colitis: DT, drug therapy
gastrointestinal endoscopy
intestine biopsy
imaging
immunodiffusion
enzyme immunoassay
nephelometry
human
clinical trial
article
priority journal
Drug Descriptors:
*alpha 1 antitrypsin: EC, endogenous compound
protein: EC, endogenous compound

AN 1997:392620 BIOSIS

DN PREV199799691823

TI Antineutrophil cytoplasmic antibodies in children with inflammatory bowel disease: Prevalence and diagnostic value.

AU Olives, Jean-Pierre [Reprint author]; Breton, Anne; Hugot, Jean-Pierre; Oksman, Francoise; Johannet, Catherine; Ghisolfi, Jacques; Navarro, Jean; Cezard, Jean-Pierre

CS Serv. Med. Infantile D, CHU Purpan, 31059 Toulouse Cedex, France

SO Journal of Pediatric Gastroenterology and Nutrition, (1997) Vol. 25, No. 2, pp. 142-148.

CODEN: JPGND6. ISSN: 0277-2116.

DT Article

LA English

ED Entered STN: 10 Sep 1997

Last Updated on STN: 10 Sep 1997

AB Background: Antineutrophil cytoplasmic antibodies (ANCA), particularly perinuclear ANCA (p-ANCA), have been found more frequently in sera from patients with ulcerative colitis (UC) than in sera from Crohn's disease (CD) or unclassified enterocolitis (UE) patients. This 2-center study examined sera from 102 pediatric patients with inflammatory bowel disease (IBD) to evaluate their diagnostic value and assess their relationship with disease features, distribution, activity and treatment. Methods: The serum ANCA of 102 children with IBD were measured: 33 UC; 64 CD and 5 UE with various disease locations and-degrees of activity. The mean age at the onset of symptoms was 10.7 years (1 to 16.3 years). Sera from 26 unaffected first degree relatives and 20 children without IBD were also investigated.

ANCA were detected using indirect immunofluorescence of ethanol-fixed granulocytes. Results: There were ANCA in the sera of 24/33 children with UC (73%), 9/64 with CD (14%) and 4/5 with UE (80%). p-ANCA were more frequent than cytoplasmic-ANCA in positive sera: UC = 67%, CD = 57% and UE = 75%. The presence of ANCA was 73% sensitive and 81% specific for a diagnosis of UC, compared to other IBD (p < 0.001). Three children with proved sclerosing cholangitis associated with UC were all positive. There was no link between ANCA-positive sera and disease activity, or other endoscopic or clinical criteria. ANCA were detected in 4/26 first degree relatives (15%) and in 1/20 control subjects (5%).

Conclusions: Because of their sensitivity and specificity, ANCA may be helpful in the clinical assessment of patients with IBD, and especially those with UC. However, there is no link between the presence of p-ANCA and the site of UC or its activity, so that it cannot be used to monitor medical treatment or surgical indications.

CC Cytology - Human 02508

Clinical biochemistry - General methods and applications 10006

Biochemistry methods - Proteins, peptides and amino acids 10054

Biochemistry methods - Carbohydrates 10058

Biochemistry studies - Proteins, peptides and amino acids 10064

Biochemistry studies - Carbohydrates 10068

Pathology - Diagnostic 12504

Pathology - Inflammation and inflammatory disease 12508

Digestive system - Pathology 14006

Blood - Blood and lymph studies 15002

Blood - Lymphatic tissue and reticuloendothelial system 15008

Pediatrics - 25000

Immunology - General and methods 34502

Immunology - Immunopathology, tissue immunology 34508

IT Major Concepts

Biochemistry and Molecular Biophysics; Blood and Lymphatics (Transport and Circulation); Cell Biology; Clinical Chemistry (Allied Medical Sciences); Clinical Endocrinology (Human Medicine, Medical Sciences); Gastroenterology (Human Medicine, Medical Sciences); Immune System (Chemical Coordination and Homeostasis); Pathology; Pediatrics (Human Medicine, Medical Sciences)

AN 1997:392620 BIOSIS

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Biochemistry methods - Proteins, peptides and amino acids 10054

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Digestive system - Pathology 14006

Blood - Blood and lymph studies 15002

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Pediatrics - 25000

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Immunology - Immunopathology, tissue immunology 34508

IT Major Concepts

Biochemistry and Molecular Biophysics; Blood and Lymphatics (Transport and Circulation); Cell Biology; Clinical Chemistry (Allied Medical Sciences); Clinical Endocrinology (Human Medicine, Medical Sciences); Gastroenterology (Human Medicine, Medical Sciences); Immune System (Chemical Coordination and Homeostasis); Pathology; Pediatrics (Human Medicine, Medical Sciences)

IT Miscellaneous Descriptors

ANTINEUTROPHIL CYTOPLASMIC ANTIBODY; BLOOD AND LYMPHATICS; CHILD;
CLINICAL IMMUNOLOGY; CROHN'S DISEASE; DIAGNOSTIC VALUE; DIGESTIVE
SYSTEM DISEASE; GASTROENTEROLOGY; IMMUNE SYSTEM; IMMUNE SYSTEM DISEASE;
INFLAMMATORY BOWEL DISEASE; NEUTROPHIL; PEDIATRICS;
PREVALENCE; ULCERATIVE COLITIS

ORGN Classifier

Hominidae 86215

Super Taxa

Primates; Mammalia; Vertebrata; Chordata; Animalia

Organism Name

human

Taxa Notes

Animals, Chordates, Humans, Mammals, Primates, Vertebrates

IT Miscellaneous Descriptors

ANTINEUTROPHIL CYTOPLASMIC ANTIBODY; BLOOD AND LYMPHATICS; CHILD;
CLINICAL IMMUNOLOGY; CROHN'S DISEASE; DIAGNOSTIC VALUE; DIGESTIVE
SYSTEM DISEASE; GASTROENTEROLOGY; IMMUNE SYSTEM; IMMUNE SYSTEM DISEASE;
INFLAMMATORY BOWEL DISEASE; NEUTROPHIL; PEDIATRICS;
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6/27/07

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Application Number

IDS Flag Clearance for Application 10629975

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